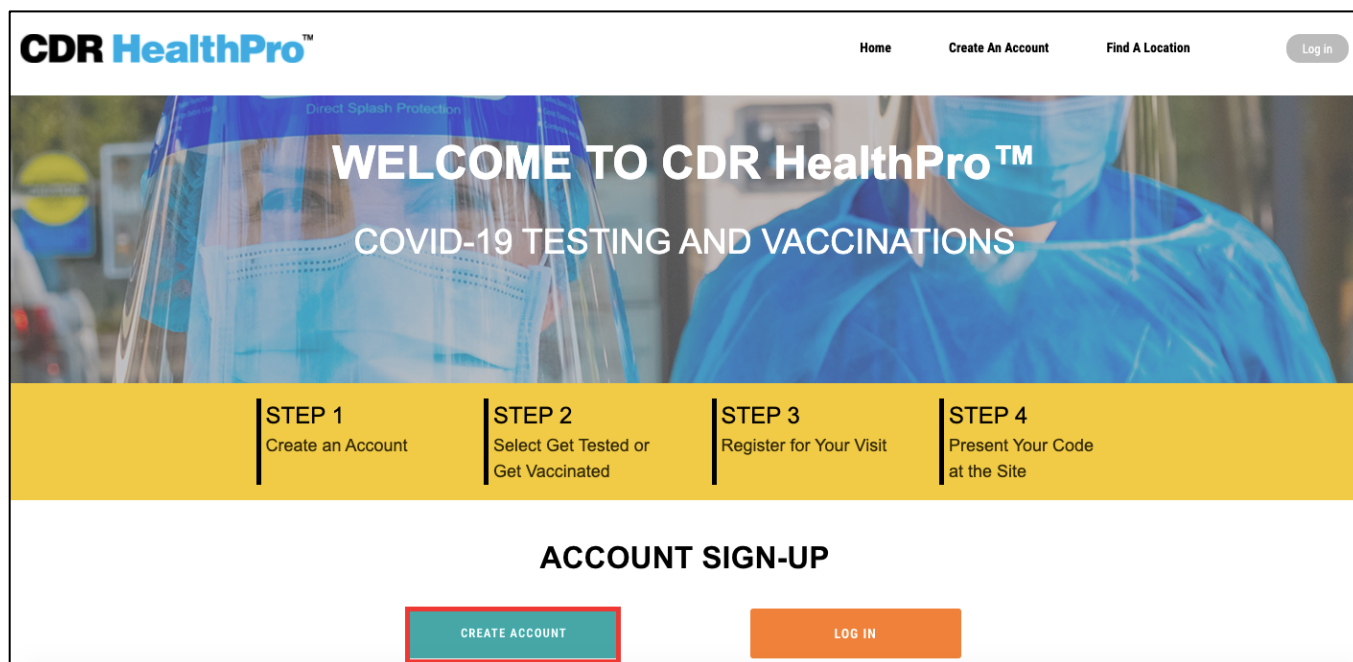


## CREATE AN ACCOUNT & SCHEDULE AN APPOINTMENT INSTRUCTIONS

Step 1: Visit [www.Patientportalfl.com](http://www.Patientportalfl.com)

Step 2: Click “Create an Account”



**Step 3: Complete the Registration Form to Create your Account.**

- Enter the First Name, Last Name, Date of Birth, Phone, Email, Password, Gender, and Race
- For the Insurance related fields, you can **“Decline to Answer”** or select from the drop-down options.  
*(Insurance is not required to receive the COVID-19 Vaccine and you will not be billed for this service.)*

**FAST, ACCURATE, CONVENIENT.**

[Basic Info](#) [Home Address](#) [Demographics](#) [Insurance Information](#) [Acknowledgements](#)

**Basic Info**

Do you need to register any minors or wards today?(After completing your registration below, you will register them)

☐ Yes

\*First Name

Patient

\*Last Name

Ztest1

\*Date of Birth

2/5/1930

\*Phone (for calls)

5555555555

☐ This is an International Phone Number

☒ Opt in to SMS(Text) notifications

☒ Mobile Same As Phone

Mobile (for SMS)

## Instructions

**\*\*If using the same email address to create multiple accounts, please make sure the username is unique to each account**

☒ Opt in to email notifications

**\*Email**

**\*Confirm Email**  
  
☐ I don't have an Email

**\*Username**

**\*Create Password**

**\*Confirm Password**  
  
Passwords do not match

Next

**FAST, ACCURATE, CONVENIENT.**

Basic Info Home Address Demographics Insurance Information Acknowledgements

**Home Address**  
Search for your Home Address (Enter Zip Code if there are no results for your Street Address)

Country

Street (include Apt/Suite after street, if necessary)

City

State

Postal Code

Previous

Next

- c. **Acknowledge the Consents** by selecting the boxes.
- Click on **Sign Up** to complete your Registration Account.

### FAST, ACCURATE, CONVENIENT.

Basic Info   Home Address   Demographics   Insurance Information   Acknowledgements

#### Acknowledgements

In order to use the CDR Maguire App you must make certain acknowledgments.

Logging in to your Account acts as a legally binding signature, same as your handwritten signature on a paper document, and confirms that:

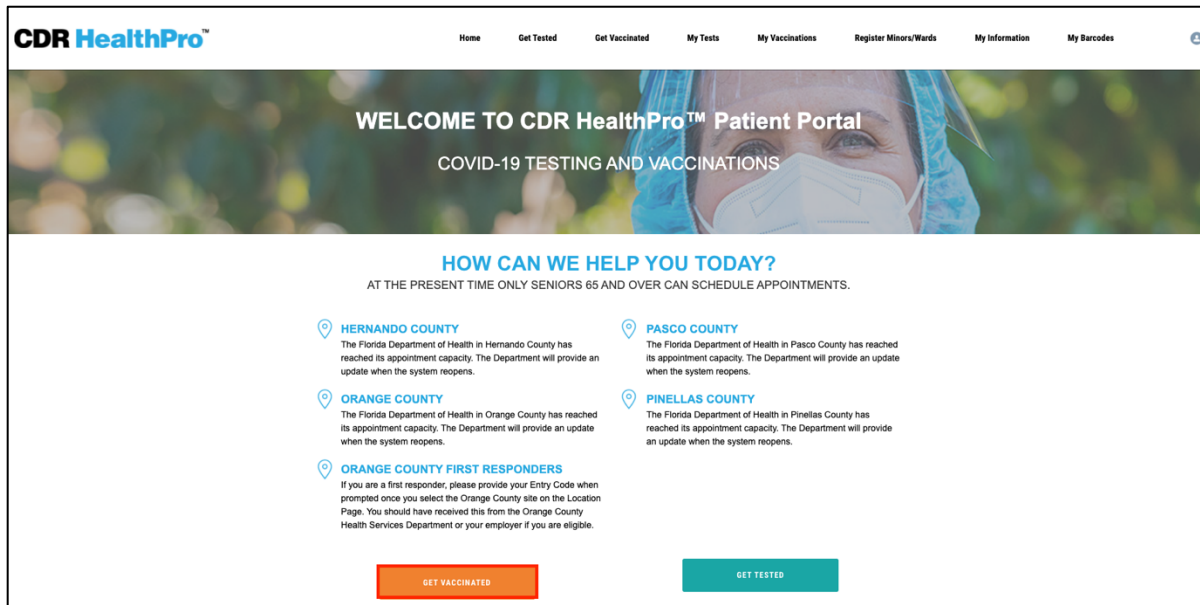
- \* ☒ I am 18 years of age or older.
- \* ☒ I have read and understood the information provided.
- \* ☒ I have read and understand and will abide by the [CDR Maguire Terms and Conditions](#), [Privacy Policy](#), and [HIPAA Privacy Notice](#). I hereby provide my express consent and authorization to release my personal health information, including any COVID-19 test results, to this account I have created and anyone who logs in using my credentials going forward.
- \* ☒ I have read and understand my waiver of liability on the [Ordering Provider](#).
- ☒ I agree to and provide [Authorization for Use of PHI](#).
- ☒ I provide my [Consent](#) for CDR to Contact.

Sign Up

Previous

**Step 4:** After creating your account, the system will automatically open to the Home Page of the **Patient Portal**

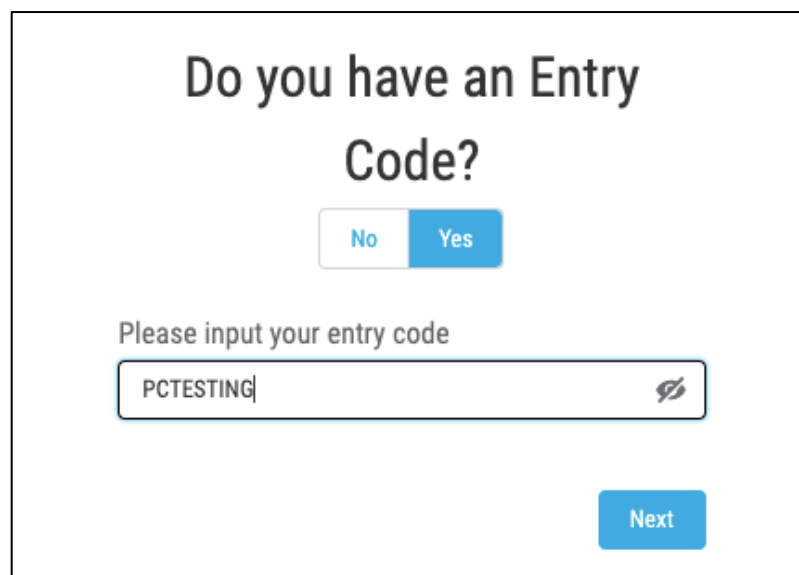
a. Click “Get Vaccinated”



The screenshot shows the CDR HealthPro Patient Portal. At the top is a navigation bar with links: Home, Get Tested, Get Vaccinated, My Tests, My Vaccinations, Register Minors/Wards, My Information, and My Barcodes. Below the navigation bar is a large banner with a background image of a person wearing a face mask and a blue hairnet. The banner text reads: "WELCOME TO CDR HealthPro™ Patient Portal" and "COVID-19 TESTING AND VACCINATIONS". Below the banner is a section titled "HOW CAN WE HELP YOU TODAY?" with the subtext "AT THE PRESENT TIME ONLY SENIORS 65 AND OVER CAN SCHEDULE APPOINTMENTS." There are four location cards: HERNANDO COUNTY, PASCO COUNTY, ORANGE COUNTY, and PINELLAS COUNTY. Each card states that the Florida Department of Health in that county has reached its appointment capacity and will provide an update when the system reopens. Below the location cards are two buttons: "GET VACCINATED" (orange) and "GET TESTED" (teal).

b. Do you have an **Entry Code**: Select Yes or No

i. If Yes, enter the Entry code provided to a specific group or the site’s Walkup code



The screenshot shows a form titled "Do you have an Entry Code?". Below the title are two buttons: "No" and "Yes". Below the buttons is a text input field with the placeholder text "Please input your entry code". The input field contains the text "PCTESTING". To the right of the input field is a small icon of a crossed-out circle. Below the input field is a blue button labeled "Next".

*Instructions*

- c. If you don't have a code, please select **your preferred County** from drop down list
  - i. Please note, only Counties with available appointments will appear in the drop-down list
  - ii. **“No Appointments available at this time”** message will appear if they are no appointments available in any County

Do you have an Entry Code?

No Yes

Please Select a County

Hernando

Hernando

Orange

Pasco

Pinellas

ward Speed to make COVID-19 vaccines available in mass

Do you have an Entry Code?

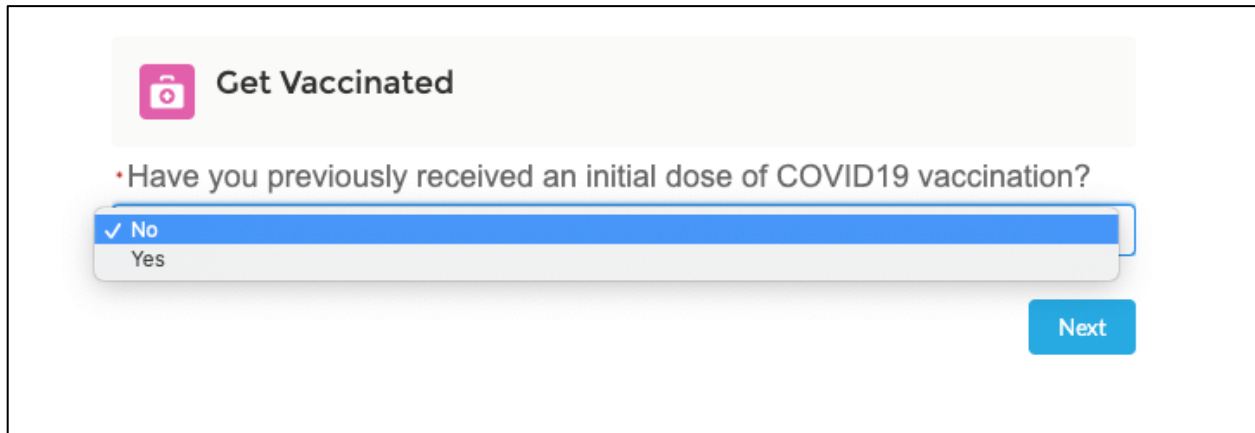
No Yes

There are no more appointments available at this time.

## Instructions

**Step 5:** Answer the **Get Vaccinated** question

- a. If answer is **No**, continue to the liability questions



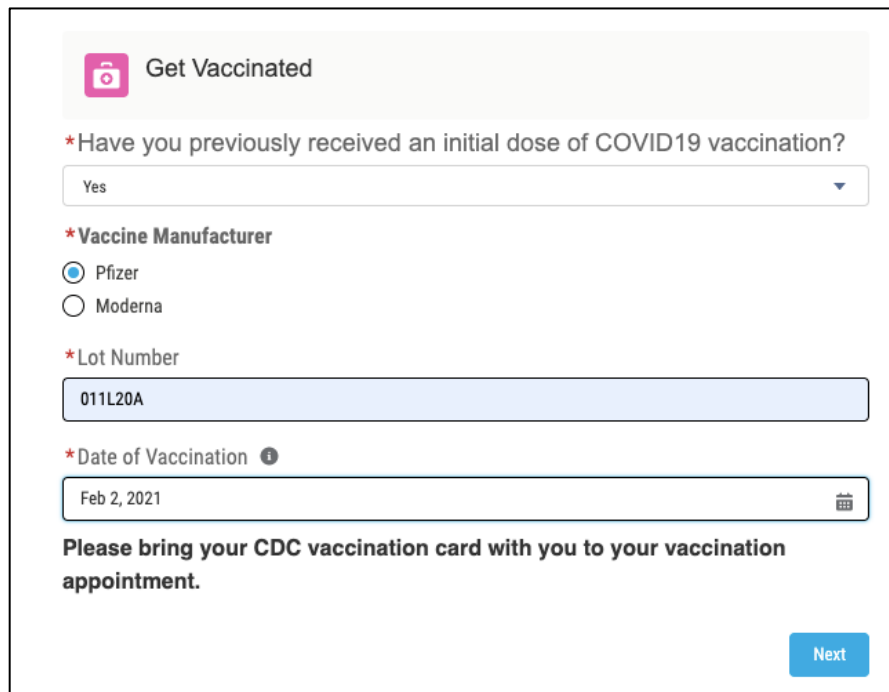
**Get Vaccinated**

\*Have you previously received an initial dose of COVID19 vaccination?

✓ No  
Yes

Next

- b. If answer is **Yes**, enter the information regarding the 1<sup>st</sup> vaccine (Use **CDC Vaccination Card**)



**Get Vaccinated**

\*Have you previously received an initial dose of COVID19 vaccination?

Yes

\*Vaccine Manufacturer

☒ Pfizer  
☐ Moderna

\*Lot Number

011L20A

\*Date of Vaccination ⓘ


Feb 2, 2021

**Please bring your CDC vaccination card with you to your vaccination appointment.**

Next

**Step 6: Complete the COVID-19 Vaccine Liability Release Waiver.**

**d. Sign and Click Next**

 **COVID-19 Vaccine Liability Release Waiver**

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the government has set recommendations, guidelines, and some prohibitions which CDR Maguire, Inc. and its subsidiaries and affiliated entities, (the "Organization") adheres to comply.

You are agreeing to request and accept the COVID-19 "Emergency Use" Vaccine developed exclusively for COVID-19. You understand the risks associated and agree to hold harmless any and all individuals of the "Organization" whom are acting as agents of the State of Florida. You understand that the "Organization" did not create, develop or manufacture the COVID-19 VACCINE.

In consideration of my participation in the foregoing, the undersigned acknowledge and agree to the following:


☒ I have not experienced symptoms that of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms relating to COVID-19 or any communicable disease within the last 14 days.

☒ I have not, nor any member(s) of my household, traveled by sea or by air, internationally within the past 30 days.

☒ I agree to indemnify, defend, and hold harmless the Organization from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against

By signing below I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; that I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed; that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

**Sign Here**








## Instructions

**Step 7:** Complete the **Past Medical History, Family Medical History, and Relevant Medical History** questionnaires.

- a. Note, if you have had a prior allergy to the COVID-19 vaccine you will not be able to schedule an appointment.

 Past Medical History	 Family Medical History
<p>Check those questions to which you answer yes (leave the others blank). Have you ever had or do you have any of the following health problems?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Bleeding tendency</li> <li><input type="checkbox"/> Blood clots</li> <li><input type="checkbox"/> Breast disease</li> <li><input type="checkbox"/> Cancer</li> <li><input type="checkbox"/> Cardiac</li> <li><input type="checkbox"/> Dental disease</li> <li><input type="checkbox"/> Diabetes</li> <li><input type="checkbox"/> Environmental allergies</li> <li><input type="checkbox"/> GI</li> <li><input type="checkbox"/> Glaucoma</li> <li><input type="checkbox"/> Hepatitis</li> </ul>	<p>Indicate illnesses in blood relative (i.e. parents, grandparents, siblings) - Check those questions to which you answer yes (leave the others blank).</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Anemia</li> <li><input type="checkbox"/> Arthritis</li> <li><input type="checkbox"/> Bleeding or clotting abnormality</li> <li><input type="checkbox"/> Breast disease</li> <li><input type="checkbox"/> Cancer</li> <li><input type="checkbox"/> Connective tissue disorder</li> <li><input type="checkbox"/> Depression</li> <li><input type="checkbox"/> Diabetes</li> <li><input type="checkbox"/> Heart disease</li> <li><input type="checkbox"/> High blood pressure</li> </ul>

 Relevant Medical History

\* Do you have a history of severe allergic reactions (i.e. anaphylaxis) to the COVID-19 Vaccine or any component (e.g. polyethylene glycol [PEG]) of the COVID-19 Vaccine?

No Yes

\* Have you had any COVID-19 Antibody therapy within the last 90 days (e.g. Regeneron, Bamlanivimab, COVID Convalescent Plasma, etc.)?

No Yes

\* Do you have a history of severe allergic reactions (i.e. anaphylaxis) to other vaccines or other injectable medication (not including the COVID-19 vaccine)?

No Yes

\* Do you have any allergic reactions not related to vaccines or other injectable therapies, such as food, pet, venom, environmental allergies, or allergies to oral medications?

No Yes


**Step 8:** Select the preferred location from the list of vaccination sites

**Please select your preferred location below.**

NOTE: Choose a location from the list below to view the hours of operation

Map

Satellite



**Choose A Location That is Best For You (3)**

List of all Vaccination Sites

< Previous

< Previous

- Step 9: Select Date and Time** for 1st Appointment
- a. The date and time of the **2<sup>nd</sup> appointment** will be provided

Change Location

Select Date

February 22, 2021

9:00 AM

9:15 AM

9:30 AM

9:45 AM

10:00 AM

10:15 AM

10:30 AM

10:45 AM

11:00 AM

11:15 AM

11:30 AM

11:45 AM

1:00 PM

1:15 PM

1:30 PM

1:45 PM

2:00 PM

2:15 PM

2:30 PM

2:45 PM

3:00 PM

3:15 PM

3:30 PM

3:45 PM

**Step 10:** Confirm the details of the 1<sup>st</sup> and 2<sup>nd</sup> appointment

**Vaccine #1**  
**February 19, 2021**  
**10:00 AM - 3:00 PM**

**Vaccine #2**  
**March 19, 2021**  
**10:00 AM - 3:00 PM**

**Vaccination Site**  
**Address to the site**

Cancel

Confirm Selection

*Instructions*

**Step 11:** Once the appointments are selected a **confirmation screen will appear**. **Print, or screen shot, the QR code** for the first vaccination appointment and present the QR code at check-in during your appointment time slot.

Thank you for scheduling your COVID-19 Vaccination Appointment. Please print this page, or take a screenshot, and show the QR code below during your scheduled appointment time at the vaccination site.  
**You will need this QR code to check-in at the site.**  
**Please remember to bring your Florida Driver's License or Utility Bill for verification.**

**Appointment #1**



**CDR0123456789**

Patient's Name

PID: PID-00028869

February 19, 2021 10:00AM - 3:00PM

Vaccination Site

Address to vaccination site

**Step 12:** Registration is Complete.